

**CERTIFICATE OF
CLOSED PLEADINGS**

JD-CV-11 Rev. 1-04
P.B. Secs. 14-4, 14-8, 14-9

**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.ct.gov

NAME OF CASE

DOCKET NO.

Judicial Housing G.A. No. _____
 District Session

ADDRESS OF COURT (No., street, town and zip code)

CERTIFICATION

I hereby certify that the pleadings have been closed in the above-entitled case on the issue or issues as to all parties, and I acknowledge that my failure to certify accurately will subject me to sanctions.

NAME AND ADDRESS OF PERSON MAKING CERTIFICATION

SIGNATURE

X

<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant
<input type="checkbox"/> Atty for Pltf.	<input type="checkbox"/> Atty for Def.

The pleadings being closed, the case will proceed as indicated below: ("X" applicable box(es))

- | | | |
|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> JURY (Claim for Jury Trial (Form JD-CL-53) and the appropriate statutory fee must be filed.) | <input type="checkbox"/> RECORD | <input type="checkbox"/> NON-RECORD |
| <input type="checkbox"/> HEARING IN DAMAGES TO THE COURT | | |
| <input type="checkbox"/> HEARING IN DAMAGES TO THE JURY (Claim for Jury Trial (Form JD-CL-53) and the appropriate statutory fee must be filed.) | | |
| <input type="checkbox"/> ADMINISTRATIVE APPEALS: ("X" applicable box) | | |
| <input type="checkbox"/> ALL OTHER NON-JURY MATTERS (Court Trials) | | |

COURT USE ONLY

JY	_____
HD	_____
JY	_____
AA	_____
CT	_____

A. Complete this section if case is privileged

1. GROUND OF PRIVILEGE UNDER PR. BK. SEC. 14-9: ("X" applicable box(es))

- | | |
|--|---|
| <input type="checkbox"/> hearing under the fair employment practices act or the labor relations act; | <input type="checkbox"/> habeas corpus proceeding; |
| <input type="checkbox"/> an action brought by or on behalf of the state, other than actions upon probate bonds; | <input type="checkbox"/> motion to dissolve temporary injunction; |
| <input type="checkbox"/> appeal from the employment security board of review; | <input type="checkbox"/> motion for temporary injunction; |
| <input type="checkbox"/> appeal from probate or from the doings of commissioners appointed by courts of probate; | <input type="checkbox"/> writ of ne exeat, prohibition or mandamus; |
| <input type="checkbox"/> action brought by receiver of insolvent corporation by order of court; | <input type="checkbox"/> application for appointment of receiver; |
| <input type="checkbox"/> action by or against any person sixty-five years of age or older or who reaches such age during the pendency of the action; | <input type="checkbox"/> disclosure by garnishee; |
| <input type="checkbox"/> appeal from findings, orders or other actions of the public utilities control authority; | <input type="checkbox"/> action by or against executor, administrator, or trustee in bankruptcy or insolvency; |
| <input type="checkbox"/> equitable action tried to the court wherein the essential claim asserted is for a permanent injunction and any claim for damages or other relief, legal or equitable, is merely in lieu of, or supplemental to, the claim for injunction; | <input type="checkbox"/> hearing to the court in damages on default or case where there is an issue as to damages after the court has granted a summary judgment on the issue of liability; |
| | <input type="checkbox"/> case remanded by the |
| | <input type="checkbox"/> Supreme Court <input type="checkbox"/> Appellate Court |
| | for a new trial or case in which a verdict has been set aside, a new trial granted or a mistrial declared. |

2. IF PRIVILEGE IS OTHER THAN THOSE SPECIFIED IN PR. BK. SEC. 14-9, STATE GROUND OF CLAIM AND AUTHORITY:

B. Relief Requested - Amount, legal interest or property in demand, exclusive of interest and costs is:

("X" applicable box(es))

\$15,000 or more less than \$15,000 claiming other relief in addition to or in lieu of money damages

I hereby certify that a copy of the above was mailed/ delivered to all counsel and pro se parties of record on:

DATE COPY(IES) MAILED OR DELIVERED

SIGNED (Attorney or pro se party)

ADDRESS (No., street, town, and zip code)

TELEPHONE NO.

X

NAME OF EACH PARTY SERVED AND ADDRESS AT WHICH SERVICE WAS MADE*

* If necessary, attach additional sheet with name of each party served and the address at which service was made.